



Washington State Department of

Health

DRAFT

## Influenza A, Novel Virus

County \_\_\_\_\_

LHJ Use ID \_\_\_\_\_

☐ Reported to DOH

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

LHJ Classification

☐ Confirmed☐ ProbableBy: ☐ Lab ☐ Clinical☐ Epi Link: \_\_\_\_\_

## REPORT SOURCE

LHJ notification date \_\_\_\_/\_\_\_\_/\_\_\_\_

Reporter (check all that apply)

☐ Lab ☐ Hospital ☐ HCP☐ Public health agency ☐ OtherOK to talk to case? ☐ Yes ☐ No ☐ Don't knowInvestigation  
start date:  
\_\_\_\_/\_\_\_\_/\_\_\_\_

Reporter name \_\_\_\_\_

Reporter phone \_\_\_\_\_

Primary HCP name \_\_\_\_\_

Primary HCP phone \_\_\_\_\_

## PATIENT INFORMATION

Name (last, first) \_\_\_\_\_

Address \_\_\_\_\_ ☐ Homeless

City/State/Zip \_\_\_\_\_

Phone(s)/Email \_\_\_\_\_

Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: \_\_\_\_\_

Zip code (school or occupation): \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation/grade \_\_\_\_\_

Employer/worksite \_\_\_\_\_ School/child care name \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_

Gender ☐ F ☐ M ☐ Other ☐ UnkEthnicity ☐ Hispanic or Latino☐ Not Hispanic or Latino

Race (check all that apply)

☐ Amer Ind/AK Native ☐ Asian☐ Native HI/other PI ☐ Black/Afr Amer☐ White ☐ Other

## CLINICAL INFORMATION

Onset date: \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Derived

Diagnosis date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Illness duration: \_\_\_\_ days

## Signs and Symptoms

Y N DK NA

☐ ☐ ☐ ☐ Fever Highest measured temp (°F): \_\_\_\_☐ ☐ ☐ ☐ Cough Cough onset date \_\_\_\_/\_\_\_\_/\_\_\_\_☐ ☐ ☐ ☐ Sore throat☐ ☐ ☐ ☐ Shortness of breath☐ ☐ ☐ ☐ Vomiting☐ ☐ ☐ ☐ Diarrhea☐ ☐ ☐ ☐ Myalgia

## Predisposing Conditions (If able to interview)

Y N DK NA

☐ ☐ ☐ ☐ Any pre-existing condition such as:☐ Smoker ☐ Alcohol or drug use☐ Chemotherapy ☐ Radiation therapy☐ Steroid therapy ☐ Neuromuscular disease☐ HIV/AIDS ☐ Organ transplant☐ Malignancy ☐ Chronic heart disease☐ Asthma ☐ Chronic lung disease☐ Diabetes ☐ Chronic kidney disease☐ Chronic liver disease ☐ Pregnant weeks: \_\_\_\_☐ Other: \_\_\_\_\_

## Clinical Findings

Y N DK NA

☐ ☐ ☐ ☐ Chest x-ray or chest CT scan performed☐ Normal ☐ Abnormal ☐ UnknownIf abnormal (describe in notes): ☐ Pneumonia?☐ Adult respiratory distress syndrome?☐ ☐ ☐ ☐ Admitted to intensive care unit☐ ☐ ☐ ☐ Mechanical ventilation☐ ☐ ☐ ☐ Treated with antiviral medications

Type: \_\_\_\_\_

Dates taken: \_\_\_\_\_

## Vaccination

Y N DK NA

☐ ☐ ☐ ☐ Received influenza vaccine since September 2008

Date(s) and type: \_\_\_\_\_

## Hospitalization

Y N DK NA

☐ ☐ ☐ ☐ Hospitalized for this illness

Hospital name \_\_\_\_\_

Admit date \_\_\_\_/\_\_\_\_/\_\_\_\_ Discharge date \_\_\_\_/\_\_\_\_/\_\_\_\_

Y N DK NA

☐ ☐ ☐ ☐ Died from illness Death date \_\_\_\_/\_\_\_\_/\_\_\_\_☐ ☐ ☐ ☐ Autopsy ☐ Specimens available: \_\_\_\_\_

## Laboratory

P N I O NT

☐ ☐ ☐ ☐ ☐ InfluenzaType: ☐ A H1N1, swine ☐ A H1N1, other☐ A H3N2 ☐ A H5, avian ☐ A, other☐ A, unk (rapid) ☐ B

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Specimen type: \_\_\_\_\_

Test and results: \_\_\_\_\_

☐ ☐ ☐ ☐ ☐ Other viral respiratory cultures

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Specimen type: \_\_\_\_\_

Test and results: \_\_\_\_\_

☐ ☐ ☐ ☐ ☐ Bacterial respiratory cultures

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Result: ☐ MRSA ☐ MSSA ☐ Other

Specimen type: \_\_\_\_\_

Test and results: \_\_\_\_\_

☐ ☐ ☐ ☐ ☐ Other specimens collected for lab testing

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Specimen type: \_\_\_\_\_

**INFECTION TIMELINE**

Enter onset date (first sx) in heavy box. Count forward and backward to figure probable exposure and contagious periods

Days from onset:

Exposure period\*

-7 -1

onset

Contagious period

Rarely spread person to person unless in pneumonic form—then contagious while symptomatic

Calendar dates:

**EXPOSURE (may be optional depending on circumstances of the case)**

Y N DK NA

- ☐ ☐ ☐ ☐ Travel to an area with confirmed swine flu  
☐ ☐ ☐ ☐ Travel out of the state, out of the country, or outside of usual routine  
 Out of: ☐ County ☐ State ☐ Country  
 Dates/Locations: \_\_\_\_\_

Y N DK NA

- ☐ ☐ ☐ ☐ Number in household including case: \_\_\_\_\_  
☐ ☐ ☐ ☐ Contact with pneumonia or influenza-like illness  
☐ ☐ ☐ ☐ **Contact with confirmed human swine influenza**  
 Type of contact: ☐ Household  
☐ School / Child care ☐ Other: \_\_\_\_\_  
 Exposure was: ☐ Within about six feet of case  
☐ Only touched items belonging to case

Y N DK NA

- ☐ ☐ ☐ ☐ **Health care setting exposure**  
☐ Lab ☐ Health care worker ☐ Patient  
 Setting: ☐ Hospital or ER ☐ Outpatient surgery  
☐ Outpatient clinic ☐ Dialysis setting  
☐ Long term care ☐ Rehabilitation unit  
☐ ☐ ☐ ☐ Congregate living or employment  
☐ Barracks ☐ Corrections ☐ Long term care  
☐ Dormitory ☐ Boarding school ☐ Camp  
☐ Shelter ☐ Other: \_\_\_\_\_  
☐ ☐ ☐ ☐ Other congregate or group exposure  
☐ School ☐ Child care ☐ Sports  
☐ Shelter ☐ Other: \_\_\_\_\_  
☐ ☐ ☐ ☐ Close contact of person from congregate setting  
☐ ☐ ☐ ☐ Contact with confirmed or presumptive animal swine influenza case Animal: \_\_\_\_\_  
☐ ☐ ☐ ☐ Poultry or farm animal exposure  
 Type: ☐ Poultry (chicken, duck, goose)  
☐ Wild bird ☐ Swine, pig  
☐ Other: \_\_\_\_\_  
 Animals were ☐ Healthy ☐ Sick ☐ Unk  
 Location of contact (e.g., farm, zoo) and address: \_\_\_\_\_

☐ Patient could not be interviewed

☐ No risk factors or exposures could be identified

Most likely exposure/site: \_\_\_\_\_ Site name/address: \_\_\_\_\_

Where did exposure probably occur? ☐ In WA (County: \_\_\_\_\_) ☐ US but not WA ☐ Not in US ☐ Unk

**PUBLIC HEALTH ISSUES**

Y N DK NA

- ☐ ☐ ☐ ☐ Nosocomial infection suspected  
☐ ☐ ☐ ☐ Work or volunteer in health care setting during contagious period  
 Facility name: \_\_\_\_\_  
☐ ☐ ☐ ☐ Close contact works in health care setting

**PUBLIC HEALTH ACTIONS**

- ☐ Outbreak investigation  
☐ Home isolation instructions given Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ Contact quarantine instructions given  
 Number recommended for quarantine: \_\_\_\_\_  
☐ Facility notified

**LAB WORKSHEET**

Specimen type*	Date	Test type	Results
		<input type="checkbox"/> Rapid flu <input type="checkbox"/> PCR <input type="checkbox"/> DFA <input type="checkbox"/> Culture <input type="checkbox"/> Other:	
		<input type="checkbox"/> Rapid flu <input type="checkbox"/> PCR <input type="checkbox"/> DFA <input type="checkbox"/> Culture <input type="checkbox"/> Other:	
		<input type="checkbox"/> Rapid flu <input type="checkbox"/> PCR <input type="checkbox"/> DFA <input type="checkbox"/> Culture <input type="checkbox"/> Other:	

\* NP swab, NP aspirate, nasal aspirate, sputum, oropharyngeal swab, endotracheal aspirate, chest tube fluid, BAL, serum

**CONTACTS WORKSHEET**

#	Name	Relationship	Age (yrs)	Not ill	T>100F	Cough	Sore throat	Diarrhea	Onset
1									/ /
2									/ /
3									/ /
4									/ /
5									/ /

Investigator \_\_\_\_\_ Phone/email: \_\_\_\_\_ Investigation complete date \_\_\_\_/\_\_\_\_/\_\_\_\_

Local health jurisdiction \_\_\_\_\_ Record complete date \_\_\_\_/\_\_\_\_/\_\_\_\_